The Wellfleet Recreation Department Presents:

41st Annual Wellfleet Road Race

SUNDAY JULY 5th, 2015, 8:30 AM—5-MileAdult Race (T- Shirts limited to first 150 entrants -13 and older)

10:00 AM 1.2 mile Children's Fun Run THIS IS AN UNTIMED FUN RUN WITH PRIZES GIVEN TO ALL (T-shirts limited to first 100 entrants-12 and under) All children 6 and under must have an adult run with them

Course: Begin at Mayo Beach parking lot, run along Wellfleet Harbor to beautiful Sunset Hill and back.

Children's course from Mayo Beach parking lot to Chequesset Neck Road and back.

Race Categories: Men and Women: 13-18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+

Wheelchair Division

First Wellfleet Resident male

First Wellfleet Resident male and female First Race Walker: Male and Female

Pre-Registration---by June 26, 2015, DAY OF RACE REGISTRATION ENDS AT 8:00

Entry Fee: Pre-Registration: Adult Race-\$20.00 (including T-shirt) Children's Race-\$15.00 (including T-shirt):

After June 26th fees will be \$25.00 Adult Race and \$20.00 Children's Fun Run.

BE EARLY:

SHIRT PICK UP AVAILABLE On Thursday July 2 and Friday, July 3, at Baker's Field recreation building, Kendrick Ave, between the hours of: 9AM-6PM, Or on Race Day, July 5 at Baker's Field Rec. Building starting at 7:00 AM for Adult race, 8:00 AM for Children's race.

Click link to register: http://www.active.com/wellfleet-ma/running/distance-running-races/wellfleet-road-race-2015

OR

Mail entries to: Recreation Department, 300 Main Street, Wellfleet, MA 02667; or, drop off at the Wellfleet Town Hall, or the Baker's Field Recreation Center across from Mayo Beach.

Checks or Money Orders to: The Town of Wellfleet

Timing done by Spitler Race Systems ... results available immediately & on the Internet at

www.coolrunning.com ------DETACH-----"In consideration of this entry being accepted, I the undersigned, intending to be legally bound, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the sponsors of the Town of Wellfleet, their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have been sufficiently trained for the completion of a race of this distance and difficulty." ____ DATE OF BIRTH ____ AGE ____ M/F NAME ADDRESS______STATE___ZIP CODE _____ TELEPHONE_______T-shirt Size: KIDS: M, L ADULT: S, M, L, XL T-shirt Size: KIDS: M, L ADULT: S, M, L, XL. Do you reside in Wellfleet 10 months a year? YES__NO__ Race Walker Wheelchair Signature Parent/Guardian if under 18 (required) Signature

Office use only AMOUNT PAID Cash Check# Receipt #